

Local Code: 1680389
 SPPK16000120

POLICE ACCIDENT REPORT

DOT Case: SP0163990

MV-104A (7/01)

DMV COPY

1	Accident Date Month Day Year 08 / 28 / 2006	Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				
3	VEHICLE 1 - Driver License ID Number 691717761 Driver Name-exactly as printed on license BURGESS, RONALD Address (include Number & Street) 455 ACKERMAN AVE City or Town CENTRAL ISLIP State NY Zip Code 11722 Date of Birth 07 / 11 / 1954 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 53 Public Property Damaged <input checked="" type="checkbox"/>				VEHICLE 2 - Driver License ID Number Driver Name-exactly as printed on license Address (include Number & Street) City or Town State Zip Code Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>				
4	Name-exactly as printed on registration GREYHOUND BUS LINES INC Address (include Number & Street) 350 N ST PAUL MS350 City or Town DALLAS State TX Zip Code 75201 Plate Number R7HW58 State of Reg. TX Vehicle Year & Make MCIN 2000 Vehicle Type BUS Ins. Code Ticket/Arrest Number(s) Violation Section(s)				Name-exactly as printed on registration Address (include Number & Street) City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)				
5	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 1 17 Enter up to three more Damage Codes 3 4 5 Vehicle By INTEGRITY Towed: To NYS DOT PLATTS				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 1 17 Enter up to three more Damage Codes 3 4 5 Vehicle By Towed: To				
6	Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 3. 4. 6. 7. Overtaking Right Turn Right Turn Sideswipe 2. 5. 8.				ACCIDENT DIAGRAM 9 Accident Diagram - See Attached.				
7	VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) 1 Mile POS T MARKER 116 (Milepost, Nearest intersecting Route Number or Street Name)				
8	Reference Marker 8 7 1 1 2 1 1 1 3 3 9				Coordinates (if available) Latitude/Northing: 615998 Longitude/Easting: 4894127				
9	Accident Description/Officer's Notes INVESTIGATION REVEALED THAT APPROXIMATELY 6:45 PM, A 2000 MCI GREYHOUND MOTOR COACH, BEARING TEXAS REGISTRATION R7HW58, OPERATED BY RONALD BURGESS EN ROUTE TO MONTREAL, QUEBEC FROM NEW YORK CITY, NEW YORK, CARRYING FIFTY-TWO PASSENGERS. V-1 WAS TRAVELING NORTHBOUND ON I-87 TOWN OF ELIZABETHTOWN WHEN ITS LEFT FRONT TIRE FAILED, CAUSING VEHICLE ONE TO LOSE CONTROL. OPERATOR OF VEHICLE ONE WAS UNABLE TO CONTROL THE BUS. THE BUS LEFT THE WEST SHOULDER OF THE ROADWAY AND OVERTURNED AT LEAST ONE TIME IN THE MEDIAN. VEHICLE ONE CAME TO REST ON ITS ROOF APPROXIMATELY 500 FEET NORTH OF WHERE IT LEFT THE ROADWAY. FIVE OCCUPANTS SUSTAINED FATAL INJURIES AND 48 PASSENGER WERE TRANSPORTED TO AREA HOSPITALS WITH INJURIES. NEW YORK STATE DEPARTMENT OF TRANSPORTATION NOTIFIED OF DAMAGE TO GUIDE RAILS.								

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all Involved	Date of Death Only
A	01	1	4	1	52	M	12	X	1	9994	1605		BURGESS, RONALD	08/28/2006
B	01	7	1	3	16	M	X	X	1	9994	1605		TAMBADOU, SOULEYMANE	08/28/2006
C	01	7	1	3	81	F	X	X	1	9994	1605		DORCE, ANTONIDE	08/28/2006
D	01	7	1	2	34	M	X	X	1	9994	1605		BARRY, HOMIDOU	08/28/2006
E	01	7	1	2	79	F	X	X	X	9994	1605		GEORGE, DOREEN	08/28/2006
F	01	7	1	X	18	F	X	X	X	9993	1501		TRANUTRIEU, ROSY	N/A
G	01	7	1	X	28	F	X	X	X	9993	1501		CSILLAG, LORA	N/A
Officer's Rank, Name and Signature Trooper G M Stannard								Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman, S T	Date/Time Reviewed 11 / 08 / 2006 16:13	

USE
COVER
SHEET

N

Local Code: 1680389
SPPK16000120

POLICE ACCIDENT REPORT

MV-104A (7/01)

DMV COPY

1	Accident Date Month Day Year 08 / 28 / 2006	Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	4894127 VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				
3	VEHICLE 1 - Driver License ID Number				VEHICLE 2 - Driver License ID Number				
4	Driver Name - exactly as printed on license				Driver Name - exactly as printed on license				
5	Address (include Number & Street)				Address (include Number & Street)				
6	City or Town				City or Town				
7	State				State				
8	Zip Code				Zip Code				
9	Date of Birth	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Date of Birth	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
10	Name - exactly as printed on registration				Name - exactly as printed on registration				
11	Address (include Number & Street)				Address (include Number & Street)				
12	City or Town				City or Town				
13	State				State				
14	Zip Code				Zip Code				
15	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type
16	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)				
17	Violation Section(s)				Violation Section(s)				
18	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				
19	VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				
20	Box 1 - Point of Impact				Box 1 - Point of Impact				
21	Box 2 - Most Damage				Box 2 - Most Damage				
22	Enter up to three more Damage Codes				Enter up to three more Damage Codes				
23	Vehicle By Towed:				Vehicle By Towed:				
24	VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT.				9 Accident Diagram - See Attached.				
25	14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
26	Reference Marker				Place Where Accident Occurred:				
27	Coordinates (if available)				County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF				
28	Latitude/Northing:				Road on which accident occurred I-87 N/B				
29	Longitude/Easting:				at 1) intersecting street (Route Number or Street Name)				
30					or 2) 1 Mile Post Marker 116 (Milepost, Nearest intersecting Route Number or Street Name)				
31	Accident Description/Officer's Notes								

8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A 01	7	1	X	73	F	X	X	X	9993	1501	ULNA, MALARY	N/A
B 01	7	1	X	53	M	X	X	X	9993	1501	CADELIS, LYONEL	N/A
C 01	7	1	X	38	M	X	X	X	9993	1501	SOUA, STEPHANIE	N/A
D 01	7	1	X	26	F	X	X	X	9993	1501	DAVID, ANNE-CLAUDE	N/A
E 01	7	1	X	26	M	X	X	X	9993	1501	RIVERA, JORGE	N/A
F 01	7	1	X	33	F	X	X	X	9993	1501	KALEBA, ELISEE LOMBO	N/A
G 01	7	1	X	31	F	X	X	X	9993	1501	FRIGONE, KARINE	N/A
Officer's Rank, Name and Signature Trooper G M Stannard							Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman, S T	Date/Time Reviewed 11 / 08 / 2006 16:13

Local Code
1680389

SPPK16000120

POLICE ACCIDENT REPORT

MV-104A (7/01)

DMV COPY

1	Accident Date Month Day Year 08 / 28 / 2006	Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	4894127 VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
3	VEHICLE 1 - Driver License ID Number Driver Name-exactly as printed on license Address (include Number & Street) City or Town State Zip Code				VEHICLE 2 - Driver License ID Number Driver Name-exactly as printed on license Address (include Number & Street) City or Town State Zip Code					
4	Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>				Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>					
5	Name-exactly as printed on registration Address (include Number & Street) City or Town State Zip Code				Name-exactly as printed on registration Address (include Number & Street) City or Town State Zip Code					
6	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code				Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code					
7	Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)					
8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles.	
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				ACCIDENT DIAGRAM	
10	Vehicle By Towed: To				Vehicle By Towed: To				9 Accident Diagram - See Attached.	
11	VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B at 1) intersecting street (Route Number or Street Name) or 2) 1 <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W of MILE POST MARKER 116 (Milepost, Nearest intersecting Route Number or Street Name)				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12	Reference Marker				Coordinates (if available) Latitude/Northing: 615998 Longitude/Easting:				Accident Description/Officer's Notes	
13	A 01 7 1 X 55 F X X X 9993 1501 MILAUD, LILIANE M N/A				B 01 7 1 X 57 F X X X 9993 1501 WENICK, ROCHELLE N/A				C 01 7 1 X 27 F X X X 9993 1501 KOIDE, MARIE N/A	
14	D 01 7 1 X 18 F X X X 9993 1503 TALLEDO, CHRISTINA N/A				E 01 7 1 X 26 F X X X 9993 1503 BAGES, CAROLINA N/A				F 01 7 1 X 40 F X X X 9993 1503 GEIOGE, SHERRY ANN N/A	
15	G 01 7 1 X 4 F X X X 9993 1503 GEIOGE, VOSHANA N/A				Officer's Rank, Name and Signature Trooper G M Stannard				Badge/ID No. NCIC No. Precinct/Post Station/Beat/ Reviewing Date/Time Reviewed 2274 11502 B3 35 Weightman, S T 11 / 08 / 2006 16:13	

USE
COVER
SHEET

N

Local Code: 168Q389
 SPPK16000120

POLICE ACCIDENT REPORT MV-104A (7/01) DMV COPY

1	Accident Date Month Day Year 08 / 28 / 2006	Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	4894127 VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				
3	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				
4	Date of Birth Sex Unlicensed No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex Date of Birth Address (Include Number & Street) Apt. No. Haz. Mat. Code Released <input type="checkbox"/>				Date of Birth Sex Unlicensed No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex Date of Birth Address (Include Number & Street) Apt. No. Haz. Mat. Code Released <input type="checkbox"/>				
5	City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)				City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)				
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To				
7	Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. Overtaking Right Turn 2. 3. 4. 5. 6. 7. 8. 9. ACCIDENT DIAGRAM 9 Accident Diagram - See Attached.				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
8	VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B at 1) intersecting street (Route Number or Street Name) or 2) 1 Mile POS T MARKER 116 (Milepost, Nearest intersecting Route Number or Street Name)				
9	Reference Marker Coordinates (if available) Latitude/Northing: 615998 Longitude/Easting:				Accident Description/Officer's Notes				

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	01	7	1	X	26	M	X	X	X	9993	5601	BAH, MAMADOU	N/A	
B	01	7	1	X	23	F	X	X	X	9993	5601	BAH, GNALEN	N/A	
C	01	7	1	X	21	F	X	X	X	9993	0901	THORNTON, ANNIKA	N/A	
D	01	7	1	X	29	F	X	X	X	9993	0901	BOUDET, LAURE	N/A	
E	01	7	X	X	56	F	X	X	X	9993	0901	CRACIER, SYLVIA	N/A	
F	01	7	1	X	56	F	X	X	X	9993	0901	MACHOLD, ABI-SARA	N/A	
G	01	7	1	X	28	M	X	X	X	9993	0901	YOPA FEZE, CHRISTIAN	N/A	

Officer's Rank, Name and Signature Trooper G M Stannard	Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman, S T	Date/Time Reviewed 11 / 08 / 2006 16:13
---	----------------------	-------------------	-----------------------------------	-------------------------------	--	---

USE
COVER
SHEET

N

Local Code

1680389

SPPK16000120

POLICE ACCIDENT REPORT

MV-104A (7/01)

DMV COPY

1	Accident Date Month Day Year 08 / 28 / 2006	Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	4894127 VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				
3	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				
4	Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code				Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code				
5	Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)				
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To				
8	VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles. Rear End 1. Left Turn 3. Right Angle 4. Right Turn 5. Head On 7. Overtaking 2. Right Turn 6. Sideswipe 8. 9. Accident Diagram - See Attached.				
9	Reference Marker Coordinates (if available) Latitude/Northing: 615998 Longitude/Easting:				Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B at 1) intersecting street or 2) 1 Mile Post Marker 116 Feet Miles				
10	Accident Description/Officer's Notes								
11	Officer's Rank, Name and Signature Trooper G M Stannard								
12	Badge/ID No. 2274 NCIC No. 11502 Precinct/Post Troop/Zone B3 Station/Beat/Sector 35 Reviewing Officer Weightman, S T Date/Time Reviewed 11 / 08 / 2006 16:13								

USE COVER SHEET

N

POLICE ACCIDENT REPORT
MV-104A (7/01)
DMV COPY

DOT Case: SP0163990
Page 1 of 2

1	Accident Date Month Day Year 08 / 28 / 2006	Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20	
2	4894127 VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21
3	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (include Number & Street) City or Town State Zip Code				VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (include Number & Street) City or Town State Zip Code						22
4	Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>				Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>						23
5	Name - exactly as printed on registration Address (include Number & Street) City or Town State Zip Code				Name - exactly as printed on registration Address (include Number & Street) City or Town State Zip Code						24
6	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code				Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code						25
7	Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)						26
8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles.		27
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				ACCIDENT DIAGRAM 9 Accident Diagram - See Attached.		28
10	VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED				17. DEMOLISHED 18. NO DAMAGE 19. OTHER				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29
11	Reference Marker				Coordinates (if available) Latitude/Northing: 615998 Longitude/Easting:				Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) 1 ON DE <input type="checkbox"/> S <input type="checkbox"/> W of MILE POST MARKER 116 (Milepost, Nearest intersecting Route Number or Street Name)		30
Accident Description/Officer's Notes										USE COVER SHEET	

8		9		10		11		12		13		14		15		16		17		BY		TO		18		Names of all involved		Date of Death Only	
A	01	7		1	X	26	U	X	X	X	X	X	X	9993		0901											HONDA, AKIKO		N/A
B	01	7		1	X	26	M	X	X	X	X	X	X	9992		0901											BEDARD, GUILLAUME		N/A
C	01	7		1	X	27	F	X	X	X	X	X	X	9993		0901											BOUCHARD, NATALIE		N/A
D	01	7		1	X	21	M	X	X	X	X	X	X	9993		0901											ELIOSOFF, DANIEL		N/A
E	01	7		1	X	34	M	X	X	X	X	X	X	9993		0901											RIOND, DAVID REGIS		N/A
F	01	7		1	X	25	M	X	X	X	X	X	X	9993		0901											D'AMOURS, MARC-OLIVER		N/A
G	01	7		1	X	21	F	X	X	X	X	X	X	9993		0901											LAWSON, JESSICA		N/A
Officer's Rank, Name and Signature Trooper G M Stannard														Badge/ID No. 2274		NCIC No. 11502		Precinct/Post Troop/Zone B3		Station/Beat/ Sector 35		Reviewing Officer Weightman, S T		Date/Time Reviewed 11 / 08 / 2006 16:13					

N

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	01	7	1	X	28	M	X	X	X	9993		0901		CAPLIN, ROBERT	N/A
B	01	7	1	X	13	M	X	X	X	9993		0901		SANTIAGO, LORENZO H	N/A
C	01	7	1	X	16	F	X	X	X	9993		0901		SANTIAGO, KAREEM	N/A
D	01	7	1	X	27	F	X	X	X	9993		0901		SANTIAGO, TERISTA	N/A
E	01	7	1	X	0	M	X	X	X	9993		0901		PUNTEL, STEVEN	N/A
F	01	7	1	X	42	F	X	X	X	9993		0901		TESANO, MARIE	N/A
G	01	7	1	X	14	F	X	X	X	9993		0901		TESANO, BERTHONY	N/A
Officer's Rank, Name and Signature Trooper G M Stannard									Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman, S T	Date/Time Reviewed 11 / 08 / 2006 16:13	

Local Codes
1680389
SPPK16000120

POLICE ACCIDENT REPORT

DOT Case: SP0163990

Case 2:08-cv-06632-BSP-KDW Document 14-2 Filed 04/24/2020 Page 8 of 9

MV-104A (7/01)

DMV COPY

1	Accident Date Month Day Year 08 / 28 / 2006	Day of Week Mon	Military Time 18:43	No. of Vehicles 1	No. Injured 48	No. Killed 5	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Accident Reconstructed <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	20	
4894127 VEHICLE 1 <input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN										21	
2	VEHICLE 1 - Driver License ID Number Driver Name-exactly as printed on license Address (Include Number & Street) City or Town State Zip Code			VEHICLE 2 - Driver License ID Number Driver Name-exactly as printed on license Address (Include Number & Street) City or Town State Zip Code						22	
3	Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>			Date of Birth Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>						23	
4	Name-exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code			Name-exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code						24	
5	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code			Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code						25	
6	Ticket/Arrest Number(s) Violation Section(s)			Ticket/Arrest Number(s) Violation Section(s)						26	
7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To			Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To			Check the diagram below that describes the accident or draw your own diagram in the space provided (9). Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 3. 5. 7. Overtaking Right Turn 4. 6. 8. 2. 0. Slideswipe ACCIDENT DIAGRAM 9 Accident Diagram - See Attached. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27
VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										28	
Reference Marker Coordinates (if available) Latitude/Northing: 615998 Longitude/Easting: Place Where Accident Occurred: County ESSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ELIZABETHTOWN, TOWN OF Road on which accident occurred I-87 N/B (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) 1 <input type="checkbox"/> N <input checked="" type="checkbox"/> E Feet Miles <input checked="" type="checkbox"/> S <input type="checkbox"/> W of MILE POST MARKER 116 (Milepost, Nearest Intersecting Route Number or Street Name)										29	
Accident Description/Officer's Notes										30	

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	01	7	1	X	32	F	X	X	X	9993	0901		ANDERSON, KIRSTEN	N/A
B	01	7	1	X	24	F	X	X	X	9993	0901		BICKFORD-BUSHEY, LAUREN	N/A
C	01	7	1	X	25	F	X	X	X	9993	0901		LAMARSHE, CYNTHIA	N/A
D	01	7	1	X	67	F	X	X	X	9993	0901		BERTAND, JACQUELINE	N/A
E														
F														
G														

Officer's Rank, Name and Signature Trooper G M Stannard	Badge/ID No. 2274	NCIC No. 11502	Precinct/Post Troop/Zone B3	Station/Beat/ Sector 35	Reviewing Officer Weightman, S T	Date/Time Reviewed 11 / 08 / 2006 16:13
---	----------------------	-------------------	-----------------------------------	-------------------------------	--	---

